

Applicant:	David E. Jones		
Application No.:	10/614,558	Group:	2419
Filed:	July 7, 2003	Examiner:	Hicham B. Foud
Confirmation No:	5801		
For:	METHOD AND APPARATUS FOR PROVIDING A PACKET BUFFER RANDOM ACCESS MEMORY		

☐ Small entity status of this application under 37 CFR 1.9 and 1.27 has been established by a Small Entity Statement previously submitted.

☐ A Small Entity Statement to establish small entity status under 37 CFR 1.9 and 1.27 is enclosed.

The claims fee has been calculated as shown below:

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PREVIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	17	MINUS	* 26	0
INDEP	4	MINUS	** 6	0
<input type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM				

SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
RATE	ADDIT. FEE		RATE	ADDIT. FEE
X \$26	\$		X \$52	\$ 0
X \$110	\$		X \$220	\$ 0
+ \$195	\$		+ \$390	\$
TOTAL = \$ 0			TOTAL = \$ 0	

\* not fewer than 20  
 \*\* not fewer than 3

The Application Size Fee has been calculated as shown below:

(Effective for cases filed on or after December 8, 2004)

Actual Sheets (Including current amendment)	Highest No. of Sheets Paid For (At least 100)	No. of Additional Units Required (Increments of 50 sheets)

SMALL ENTITY		OTHER THAN SMALL ENTITY	
Rate	Total Amount Owed	Rate	Total Amount Owed
X \$135	\$[ ]	X \$270	\$[ ]

Payment Sufficient for up to
[ ] Sheets

### Petition for Extension of Time

- ☒ Applicant hereby petitions to extend the time to respond to the Office Action dated February 13, 2009 for one month from May 13, 2009 to June 13, 2009. The appropriate fee is set forth below.

**Please charge Deposit Account No. 08-0380 for the following fees:**

<input checked="" type="checkbox"/>	Petition for a one-month Extension of Time	\$ 130
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ 130


**A check is enclosed in payment of the following fees:**

<input type="checkbox"/>	Petition for [ ] month Extension of Time	\$ _____
<input type="checkbox"/>	Claims Fee	\$ _____
<input type="checkbox"/>	Application Size Fee	\$ _____
<input type="checkbox"/>	Other Fees:	_____
		\$ _____
		\$ _____
	TOTAL:	\$ _____

☒ Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No. 08-0380.

Respectfully submitted,

HAMILTON, BROOK, SMITH & REYNOLDS, P.C.

By   
Benjamin J. Sparrow  
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Dated: 6/15/09